

**AFFIDAVIT OF SERVICE**

**UNITED STATES DISTRICT COURT  
Eastern District of Texas**

Case Number: 6:22-CV-109

Plaintiff:

**Christina Richardson**

vs.

Defendant:

**Healthcare Revenue Recovery Group d/b/a ARS Account Resolution Service, LLC**

For:

Halvorsen Klote

680 Craig Road

Suite 104

St. Louis, MO 63141

Received by Mike Techow on the 4th day of April, 2022 at 11:48 am to be served on **Healthcare Revenue Recovery Group d/b/a ARS Account Resolution Service, LLC** by serving its Registered Agent, Corporation Service Company, 211 East 7th Street, Suite 620, Austin, Travis County, TX 78701.

I, Mike Techow, being duly sworn, depose and say that on the **5th day of April, 2022 at 3:00 pm, I:**

delivered to a **CORPORATION BY AND THROUGH ITS REGISTERED AGENT**, by delivering a true copy of the **Summons in a Civil Action with Complaint and Jury Demand with Exhibit A** with the date of service endorsed thereon by me, to: **Keneisha Gross, Corporation Service Company as Authorized Agent** at the address of: **211 East 7th Street, Suite 620, Austin, Travis County, TX 78701** on behalf of **Healthcare Revenue Recovery Group d/b/a ARS Account Resolution Service, LLC**, and informed said person of the contents therein, in compliance with state statutes.

My name is Mike Techow. My date of birth is 6/26/1972. My work address is 809 Nueces, Austin, TX 78701. I declare under penalty of perjury that the foregoing is true and correct. Executed in Travis County on April 5th, 2022 by Mike Techow, declarant.

Subscribed and Sworn to before me on the 5th day of April, 2022 by the affiant who is personally known to me.

  
NOTARY PUBLIC

  
Mike Techow

PSC-1215, Exp. 7/31/2022

**Austin Process LLC**

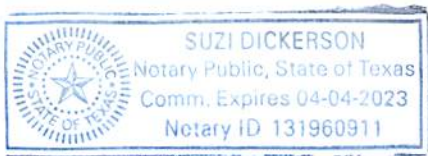
**809 Nueces**

**Austin, TX 78701**

**(512) 480-8071**

Our Job Serial Number: MST-2022002894

Ref: Christina Richardson v. Healthcare, et al



# UNITED STATES DISTRICT COURT

for the

Eastern District of Texas



Christina Richardson

*Plaintiff(s)*

v.

Healthcare Revenue Recovery Group d/b/a ARS  
Account Resolution Service, LLC

*Defendant(s)*

Civil Action No. 6:22-cv-109

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Healthcare Revenue Recovery Group d/b/a ARS Account Resolution Service, LLC  
Registered Agent - CORPORATION SERVICE COMPANY DBA CSC - LAWYERS INC  
211 E. 7TH STREET  
SUITE 620  
AUSTIN, TX 78701

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Samantha J. Orlowski  
Halvorsen Klotz LLC  
680 Craig Road, Suite 104  
St. Louis, MO 63141  
P: (314) 451-1314  
E: sam@hklawstl.com

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



CLERK OF COURT

*David A. O'Poole*

*Signature of Clerk or Deputy Clerk*

Date: **3/29/22**

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_ 0.00 \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc: